



JC04 Rec'd PCT/PTO 22 JUN 2005
PCT

#3

00684.003654

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TAKAKO YAMAGUCHI ET AL.

Application No.: 10/529,891

Entry into U.S. National

Stage Under 35 U.S.C. § 371: April 1, 2005

For: EXPOSURE MASK, METHOD OF DESIGNING AND
MANUFACTURING THE SAME, EXPOSURE METHOD)
AND APPARATUS, PATTERN FORMING METHOD,
AND DEVICE MANUFACTURING METHOD

)
: Examiner: Unassigned
)
: Group Art Unit: 1756
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: June 22, 2005
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)
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MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED							
Repln. Ref: DAH:061205 FC: 9204	07/07/2005 SAHHE	REMAINING 1000		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Name/Numbers:	10529891	SAHHE 10529891				
	AMENDMENT						
Adjustment data: 06/27/2005 GEFREY1 02 FC:1614	TOTAL	07/07/2005 SAHHE	MINUS			x \$25	
	CLAIMS	00000095 10529891		20	9	\$50	\$450.00
	-400.00 OP						
	INDEP.		MINUS			x \$100	
	CLAIMS	9		7	2	\$200	\$400.00
Fee for Multiple Dependent claims \$180/\$360							
06/27/2005 GEFREY1	00000095 10529891	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---					\$850.00
01 FC:1615	450.00 OP						
02 FC:1614	400.00 OP						

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$850.00 is enclosed to cover the additional claims fees.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the Extension fee for response within ____ additional months is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
David A. Divine
Registration No. 51,275

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